PE JC130

03500.014438

PATENT APPLICATION

10N SC #13C 9-2303

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Application of:)

Examiner: M.G. Hamilton

MASATO OCHIAI ET AL.

TC/Art Unit: 2172

Application No.: 09/552,589

:

For: DEVICE SEARCH SYSTEM

RECEIVED

September 8, 2003

SEP 1 1 2003

Commissioner for Patents

Filed: April 19, 2000

P.O. Box 1450

Alexandria, VA 22313-1450

Technology Center 2100

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action dated May 9, 2003, to and including September 9, 2003. A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, or credit any overpayment, to Deposit Account 06-1205.

The Examiner is respectfully requested to amend the above-identified application as follows:

09/10/2003 YPOLITE1 00000054 09552589

01 FC:1202 02 FC:1201

72.00 OP

09/10/2003 YPOLITE1 00000054 09552589

03 FC:1251

110.00 OP

In re Application of: MASATO OCHIAI ET AL.

Docket No. 03500.014438

Application No.: 09/552,589

Filed: April 19, 2000

For: DEVICE SEARCH SYSTEM

Examiner: M.G. Hamilton

TC/Art Unit: 2172

Date: September 8, 2002

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SEP 1 1 2003

Technology Center 2100

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	(DED		
. 1	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 54	MINUS	**	= 4	x \$9 \$18	\$72.00
INDEP. CLAIMS	* 16	MINUS	*** 12	4	x \$42 \$84	\$336.00
Fee for Multiple Dependent claims \$140°/\$280					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$408.00		

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

ĺ	°Verified Statement	claiming sm	all entity statu	s is enclosed,	if not filed	previously
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X	A check in the amount of \$408.00 is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicants Lock See 14-JAHOS Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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